3/90 inspection

Inspector: Felicetti
Address: Melrn office
Telephone No: (201) 664-3968

RCRA LAND DISPOSAL RESTRICTION
GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

Henkel Corp — Berry Ave at Rte 17 N
A. Handler Name — B. Street (or other identifier)

Carlstadt — NJ — 07072 — Bergen
C. City — D. State — E. Zip Code — F. County Name

Specialty chemical Manufacture
G. Nature of Business; Identification of Operations: SIC Code(s)

NJD002012219
H. EPA ID #

Herbert Talammi (201) 933-5222
I. Handler Contact (Name and Phone Number)

II. GENERATOR COMPLIANCE — **Comments**

A. Waste Identification

1. F-Solvents

a. Does the handler generate the following vastes?

(i) F001, F002, F004, or F005 ___Yes ✓No

(ii) F003 ___Yes ✓No

If an F003 wastestream (listed solely for ignitability) has been mixed with a non-restricted solid or hazardous vaste, does the resultant mixture exhibit the ignitability characteristic?
___Yes ✓No

b. Source of the above: Form 8700-12 ___; Part A ✓; Part B ___; Biennial/Annual Reports ___ other (specify) ✓ Manifests

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent vastes, if such vastes were not identified by the facility previously. If you are concerned that F-solvent vastes may be misclassified or mislabeled, turn to Appendix A-1. To assist in identfying potentially

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

misclassified F-solvents, Appendix A-2 presents a list of corresponding F and U wastes. Note concerns below: _____

2. Dioxin wastes

a. Does the handler report the generation of the folloving vastes? (The folloving industries may generate listed dioxin vastes: organic chemicals, pesticide or formulator.)

(i) F020 - F023, F026 - F027 ___Yes ✓No
(ii) F028 ___Yes ✓No

[F-solvent BDAT standards are prasented as Appendix B]

3. California Waste Identification

a. Does the facility handle any of the folloving vastes?

(i) D002 ✓Yes ___No
(ii) D004 - D011 ___Yes ✓No

b. Does the generator handle any hazardous vastes characterized by high concentrations of halogenated organic constituents (HOCs), metals, or cyanides? ___Yes ✓No

[California waste standards are presented as Appendix C]

c. Is the generator handling any of the F, K, P, or U vastes subject to the "soft hammer" that may qualify as California vastes due to HOC, metals, or cyanide content? See Appendix D for a listing of California constituents likely to be found by vaste code. ___Yes ✓No

d. Has the generator conducted the paint filter test (Method 9095) [§268.32(i)]? ___Yes ✓No*

e. Has the generator conducted any testing of these hazardous vastes to determine whether the concentrations qualify the hazardous vastes as California vastes? ✓Yes ___No

If no, has the generator retained records documenting his "applied knovledge" that the hazardous vaste is not a California vaste? Also ✓Yes ___No

* A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

If "no" is answered to both parts of this question, a violation is indicated. [§268.7(a)]

Describe the nature of the records:
Waste profiles + Analysis sheets

f. Source of the above: Form 8700-12 ___; Part A ✓; Part B ___; Biennial/Annual Report ___; other (specify) ___.

4. First Third Waste Identification

a. Does the generator handle any of the vastes listed as First Third Vastes in §268.10? See Appendix E for listing. List First Third Vastes handled by the generator here:
~~U-122~~ NO

b. Does the generator handle any soft-hammer vastes (Appendices D-1, D-2, and F)? If so, list those vastes:
U-122

c. Are any of the soft-hammered vastes California vastes (see Appendix G)? ___Yes ✓No

If yes, the vastes must meet BDAT standards prior to disposal.

d. Has the Regional Administrator received demonstrations/certifications for all soft hammered vastes to be land disposed [§268.8(a)(2)]? ✓Yes ___No*

e. Source of the above: Form 8700-12 ___; Part A ___; Part B ___; Biennial/Annual Report ___; other (specify) ✓. Manifest files

B. BDAT Treatability Group - Treatment Standards Identification

1. Does the generator mix restricted vastes with different treatment standards for constituents of concern? ___Yes ✓No

2. If yes, did the generator select the most stringent treatment standard for the constituent of concern [§268.41(b)]? ___Yes ___No*

*/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

3. F Solvents - -

   a. Did the generator correctly determine the appropriate treatability group [§268.41] of the waste (e.g., wastewaters containing solvents, nonwastewater (i.e., < 1% TOC), pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)? NA
   ___Yes ___No*

4. California Wastes

   a. Did the generator correctly determine the distinction between liquid hazardous wastes and non-liquid hazardous wastes that contain HOCs in concentrations greater than 1,000 mg/kg [§268.32(h)]? waste is 0002
   ___Yes ✓No*

5. First Third Wastes

   a. Did the generator ascertain whether restricted wastes were appropriately assigned wastewater or nonwastewater designations (nonwastewaters are > 1% TOC and > 1% suspended solids) [§268.7(a)]? ✓Yes ___No*

   b. Does the facility handle K061 wastes?
   ___Yes ✓No

   If yes, were nonwastewaters appropriately classified in either the high or low zinc subcategories (≥15% Zn) [§268.7(a)] [§268.41(a)]? ___Yes ___No*

   c. Does the facility handle K101 or K102 wastes?
   ___Yes ✓No

   If yes, were nonwastewaters appropriately classified in either the high or low arsenic subcategories [§268.7(a)] [§268.41(a)]?
   ___Yes ___No*

   d. Is there any reason to believe that the generator may have diluted the waste to change the applicable treatment standard (based on review of process operation, pipe routing, point of sampling)? ___Yes ✓No

*/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

C. Waste Analysis - -

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. Knowledge of wastes ✓Yes ___No

(i) List wastes for which "applied knowledge" was used: U-122

b. TCLP ___Yes ✓No

(i) List wastes for which "TCLP" was used: _____

(ii) Appendix D lists wastes for which treatment standards are expressed as concentrations in waste extract. Were any wastes handled by the generator subject to waste extract standards not tested using the TCLP? ___Yes ___No

If yes, list: _____

c. Total waste analysis ✓Yes ___No

d. If files were retained, describe content and basis of applied knowledge determination: waste analysis on off-spec batches

If determined by TCLP or total constituent analysis, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: each shipment / 11/90

Note which wastes were subjected to which tests: X

Note any problems (e.g., inadequate analysis, variation of waste composition/generation for applied knowledge) NONE

*/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

e. Were wastes tested using TCLP or total constituent analysis when a process or vastestream changed [§264.13(a)(3)(i) or §265.13(a)(3)(i)]?
✓Yes ___No*

2. Did the restricted wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(1)]?

List those that exceeded standards: U122

List those that did not exceed standards: _____

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3] ___Yes* ✓No

D. Management

1. Onsite management

a. Were restricted wastes managed onsite?
✓Yes ___No

If no, go to "2".

b. For wastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted? ___Yes ___No

If yes, TSDF checklist must be completed.

2. Offsite Management

a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]:

(i) EPA Hazardous Waste Number? ✓Yes ___No*

(ii) Corresponding treatment standard?
✓Yes ___No*

(iii) Manifest number? ✓Yes ___No*

(iv) Waste analysis, if available?
✓Yes ___No

*/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

Identify offsite treatment facilities ENSCO - AR. + Chemical Waste Management - NY + AL / Chemmet Services - MI

b. If restricted wastes do not exceed treatment standards, did generator provide the disposal facility with a notice and certification including: NA

(i) EPA hazardous waste I.D. number? ___Yes ___No*

(ii) Corresponding treatment standard? ___Yes ___No*

(iii) Manifest number ___Yes ___No*

(iii) Certification regarding waste and that it meets treatment standards? ___Yes ___No*

Identify land disposal facilities receiving the BDAT certified wastes _____

c. If the generator's waste is subject to a §268.5 case by case exemption, a §268.6 "no migration" exemption, or a nationwide variance (see Appendix E for restricted wastes subject to nationwide variances), does the generator's records indicate that he or she submits with each waste shipment [§268.7(a)(3)]: NA

(i) EPA Hazardous Waste Number? ___Yes ___No*

(ii) Corresponding Treatment Standards? ___Yes ___No*

(iii) All applicable prohibitions? ___Yes ___No*

(iv) The manifest number? ___Yes ___No*

(v) The date the wastes are subject to prohibitions? ___Yes ___No*

(vi) Does generator keep records of all notifications/certifications send to offsite facilities? ___Yes ___No*

*/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

List all prohibited wastes for which records are not provided per above [§268.7(a)(b):

_____
_____

Identify TSDFs receiving any prohibited wastes subject to any exemptions and variances:

_____
_____

d. If handler generates a "soft hammer" waste, does the generator send with each "soft hammer" waste shipment to a TSDF and retain copies of, a notice that includes [268.7(a)(4)]:

The EPA Hazardous Waste Number? ✓Yes ___No*

Applicable prohibitions? ✓Yes ___No*

The manifest number? ✓Yes ___No*

Waste analysis data, where available? ✓Yes ___No

(i) Do the generator's records indicate that any soft-hammer wastes are destined for disposed in a landfill or surface impoundment [§268.33(f)]? ___Yes ✓No

If yes, list facility of destination and waste of concern [§268.8(a)(2)]

_____
_____

(ii) Has the generator submitted demonstrations and certifications for each "soft-hammered" waste destined to be disposed in landfill or surface impoundment to the Regional Administrator prior to the shipment of waste to the TSDF [§268.7(a)(2)]? ___Yes ___No* N/A

(iii) Has the generator retained a copy of the demonstration on site [§268.8(a)(3)-(a)(4)]? ___Yes ___No*

(iv) Has the generator retained copies of all §268.8 certifications sent to the TSDF [§268.7(a)(6)] ___Yes ___No*

* A potential violation is indicated

APPENDIX A

SOLVENT IDENTIFICATION CHECKLIST

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	___Yes	___No
trichloroethylene	___Yes	___No
methylene chloride	___Yes	___No
1,1,1-trichloroethane	___Yes	___No
carbon tetrachloride	___Yes	___No
chlorinated fluorocarbons	___Yes	___No

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	___Yes	___No
trichloroethylene	___Yes	___No
methylene chloride	___Yes	___No
1,1,1-trichloroethane	___Yes	___No
chlorobenzene	___Yes	___No
trichlorofluoromethane	___Yes	___No
1,1,2-trichloro-1,2,2-trifluoroethane	___Yes	___No
ortho-dichlorobenzene	___Yes	___No

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

xylene	___Yes	___No
acetone	___Yes	___No
ethyl acetate	___Yes	___No
ethyl benzene	___Yes	___No
ethyl ether	___Yes	___No
methyl isobutyl ketone	___Yes	___No
n-butyl alcohol	___Yes	___No
cyclohexanone	___Yes	___No
methanol	___Yes	___No

If the F003 waste stream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic? ___Yes ___No

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

cresols and cresylic acid	___Yes	___No
nitrobenzene	___Yes	___No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene	___Yes	___No
methyl ethyl ketone	___Yes	___No
carbon disulfide	___Yes	___No
isobutanol	___Yes	___No
pyridine	___Yes	___No

6. Are any of the constituents listed in questions 1 through 5 used for their "solvent" properties -- that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

(a) Are the constituents used as chemical carriers?
___Yes ___No

If yes, list the constituents.

_____
_____

(b) Are the constituents used for degreasing/cleaning?
___Yes ___No

If yes, list the constituents.

_____
_____

(c) Are the constituents used as diluents?
___Yes ___No

If yes, list the constituents.

_____
_____

(d) Are the constituents used as extractants?
___Yes ___No

If yes, list the constituents.

_____
_____

(e) Are the constituents used for fabric scouring?
____Yes ____No

If yes, list the constituents.

_____
_____

(f) Are the constituents used as reaction and synthesis media?
____Yes ____No

If yes, list the constituents.

_____
_____

If the responses to questions 1 through 6 led the inspector to believe that the waste may be an F-solvent, answer question 7.

7. Are any of the above constituents spent solvents? (A solvent is considered "spent" when it has been used and is no longer usable without being regenerated, reclaimed, or otherwise reprocessed.) ____Yes ____No

8. If the waste is a mixture of constituents as determined in questions 1 through 6, give the concentration before use of all the constituents in the solvent mixture/blend. For example:

5%	methylene chloride
2%	trichloroethylene
25%	1,1,1-trichloroethane
68%	mineral spirits
100%	

If the waste stream is a mixture containing a total of 10% or more (by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

With respect to the F003 solvent wastes, if, before use, the waste stream is mixed and contains only F003 constituents, it is a listed waste. For example:

33%	acetone
16%	methanol
51%	ethyl ether
100%	

If the waste stream is a mixture containing F003 constituents and a total of 10% or more of one or more of the F001, F002, F004, and F005 listed constituents before use, it is a listed waste. For example:

50%	xylene (F003)
12%	TCE (F001)
38%	mineral spirits
100%	

If in light of the above, the handler appears to be generating F001 - F005 hazardous wastes, refer this facility to the enforcement official for followup actions verifying the use of solvents at the facility.

APPENDIX B
TREATMENT STANDARDS FOR F-SOLVENTS

F001-F005 SPENT SOLVENTS	CONCENTRATION (IN MG/L) WASTEWATERS	OTHER WASTES
Acetone	0.05	0.59
N-butyl	5.0	5.0
Carbon disulfide	1.05	4.81
Carbon tetrachloride	.05	.96
Chlorobenzene	.15	.05
Cresols (and cresylic acid)	2.82	.75
Cycohexanone	.125	.75
1,2-dichlorobenzene	.65	.125
Ethyl acetate	.05	.75
Ethyl benzene	.05	.053
Ethyl ether	.05	.75
Isobutanol	5.0	5.0
Methanol	.25	.75
Methylene chloride	.20	.96
Methylene chloride (from the pharmaceutical industry)	12.7	.96
Methyl ethyl ketone	0.05	0.75
Methyl isobutyl ketone	0.05	.33
Nitrobenzene	0.66	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.079	0.05
Toluene	1.12	0.33
1,1,1-Trichloroethane	1.05	0.41
1,2,2-Trichlor 1,2,2-trifluoroethane	1.05	0.96
Trichloroethylene	0.062	0.091
Trichlorofluoromethane	0.05	0.96
Xylene	0.05	0.15

APPENDIX A

SOLVENT IDENTIFICATION CHECKLIST

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	___Yes	___No
trichloroethylene	___Yes	___No
methylene chloride	___Yes	___No
1,1,1-trichloroethane	___Yes	___No
carbon tetrachloride	___Yes	___No
chlorinated fluorocarbons	___Yes	___No

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	___Yes	___No
trichloroethylene	___Yes	___No
methylene chloride	___Yes	___No
1,1,1-trichloroethane	___Yes	___No
chlorobenzene	___Yes	___No
trichlorofluoromethane	___Yes	___No
1,1,2-trichloro-1,2,2-trifluoroethane	___Yes	___No
ortho-dichlorobenzene	___Yes	___No

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

xylene	___Yes	___No
acetone	___Yes	___No
ethyl acetate	___Yes	___No
ethyl benzene	___Yes	___No
ethyl ether	___Yes	___No
methyl isobutyl ketone	___Yes	___No
n-butyl alcohol	___Yes	___No
cyclohexanone	___Yes	___No
methanol	___Yes	___No

If the F003 waste stream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic? ___Yes ___No

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

cresols and cresylic acid	___Yes	___No
nitrobenzene	___Yes	___No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene	___Yes	___No
methyl ethyl ketone	___Yes	___No
carbon disulfide	___Yes	___No
isobutanol	___Yes	___No
pyridine	___Yes	___No

6. Are any of the constituents listed in questions 1 through 5 used for their "solvent" properties -- that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

(a) Are the constituents used as chemical carriers?
___Yes ___No

If yes, list the constituents.

_____
_____

(b) Are the constituents used for degreasing/cleaning?
___Yes ___No

If yes, list the constituents.

_____
_____

(c) Are the constituents used as diluents?
___Yes ___No

If yes, list the constituents.

_____
_____

(d) Are the constituents used as extractants?
___Yes ___No

If yes, list the constituents.

_____
_____

(e) Are the constituents used for fabric scouring?
____Yes ____No

If yes, list the constituents.

_____
_____

(f) Are the constituents used as reaction and synthesis media?
____Yes ____No

If yes, list the constituents.

_____
_____

If the responses to questions 1 through 6 led the inspector to believe that the waste may be an F-solvent, answer question 7.

7. Are any of the above constituents spent solvents? (A solvent is considered "spent" when it has been used and is no longer usable without being regenerated, reclaimed, or otherwise reprocessed.) ____Yes ____No

8. If the waste is a mixture of constituents as determined in questions 1 through 6, give the concentration before use of all the constituents in the solvent mixture/blend. For example:

5%	methylene chloride
2%	trichloroethylene
25%	1,1,1-trichloroethane
68%	mineral spirits
100%	

If the waste stream is a mixture containing a total of 10% or more (by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

With respect to the F003 solvent wastes, if, before use, the waste stream is mixed and contains only F003 constituents, it is a listed waste. For example:

33%	acetone
16%	methanol
51%	ethyl ether
100%	

If the waste stream is a mixture containing F003 constituents and a total of 10% or more of one or more of the F001, F002, F004, and F005 listed constituents before use, it is a listed waste. For example:

50%	xylene (F003)
12%	TCE (F001)
38%	mineral spirits
100%	

If in light of the above, the handler appears to be generating F001 - F005 hazardous wastes, refer this facility to the enforcement official for followup actions verifying the use of solvents at the facility.

APPENDIX B
TREATMENT STANDARDS FOR F-SOLVENTS

F001-F005 SPENT SOLVENTS	CONCENTRATION (IN MG/L) WASTEWATERS	OTHER WASTES
Acetone	0.05	0.59
N-butyl	5.0	5.0
Carbon disulfide	1.05	4.81
Carbon tetrachloride	.05	.96
Chlorobenzene	.15	.05
Cresols (and cresylic acid)	2.82	.75
Cycohexanone	.125	.75
1,2-dichlorobenzene	.65	.125
Ethyl acetate	.05	.75
Ethyl benzene	.05	.053
Ethyl ether	.05	.75
Isobutanol	5.0	5.0
Methanol	.25	.75
Methylene chloride	.20	.96
Methylene chloride (from the pharmaceutical industry)	12.7	.96
Methyl ethyl ketone	0.05	0.75
Methyl isobutyl ketone	0.05	.33
Nitrobenzene	0.66	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.079	0.05
Toluene	1.12	0.33
1,1,1-Trichloroethane	1.05	0.41
1,2,2-Trichlor 1,2,2-trifluoroethane	1.05	0.96
Trichloroethylene	0.062	0.091
Trichlorofluoromethane	0.05	0.96
Xylene	0.05	0.15

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

REGION 2

09/15/86

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	➜	**NJD002012219**
INSTALLATION NAME	➜	**HENKEL CORP CARLSTADT**
INSTALLATION ADDRESS	➜	**BERRY AVE & JCT RTE 17 N** **CARLSTADT, NJ 07072**
MAILING ADDRESS	➜	**300 BROOKSIDE AVE** **AMBLER, PA 19002-3498**

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH

TO: VANYO, EDWARD
SR ENV ENG
300 BROOKSIDE AVE
AMBLER, PA 19002-3498

Change (owner)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 10/31/99
GSA No. 0246-EPA-OT

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

EPA United States Environmental Protection Agency

Date Received (For Official Use Only)

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

A. Initial Notification [ ] B. Subsequent Notification [X] *(Complete item C)*

C. Installation's EPA ID Number: NJD002012219

II. Name of Installation *(Include company and specific site name)*

HENKEL CORPORATION CARLSTADT

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street: BERRY AVENUE @ 30TH ROUTE 17 NORTH

Street *(Continued)*:

City or Town: CARLSTADT State: NJ Zip Code: 07072-

County Code: County Name: BERGEN

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box: 300 BROOKSIDE AVENUE

City or Town: AMBLER State: PA Zip Code: 19002-3498

V. Installation Contact *(Person to be contacted regarding waste activities at site)*

Name *(Last)*: VANYO *(First)*: EDWARD

Job Title: SENIOR ENV ENG Phone Number *(Area Code and Number)*: 215-628-1412

VI. Installation Contact Address *(See instructions)*

A. Contact Address Location [ ] Mailing [X] B. Street or P.O. Box:

City or Town: State: Zip Code: -

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: COGNIS CORPORATION

Street, P.O. Box, or Route Number: 5051 EST ECREEK DRIVE

City or Town: CINCINNATI State: OH Zip Code: 45232-1446

Phone Number *(Area Code and Number)*: 513-482-3000

B. Land Type: P C. Owner Type: P

D. Change of Owner Indicator: Yes [X] No [ ] (Date Changed) Month: 01 Day: 01 Year: 00

Mailing Address Verified US Post office - (S)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 10/31/99
USA No. 0246-EPA OT

ID - For Official Use Only

VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions)*

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220-2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

Mode of Transportation
- [ ] 1. Air
- [ ] 2. Rail
- [ ] 3. Highway
- [ ] 4. Water
- [ ] 5. *Other - specify*

3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)
- [ ] 1. Utility Boiler
- [ ] 2. Industrial Boiler
- [ ] 3. Industrial Furnace

5. [ ] Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
   - a. Transporter
   - b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

A. Characteristics of Nonlisted Hazardous Wastes. *(Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
[ ]	[ ]	[ ]	[ ]	

B. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)*

1	2	3	4	5	6
2 3 1 5					
7	8	9	10	11	12

C. Other Wastes. *(State or other wastes requiring a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
Richard F Novak	RICHARD F. NOVAK V.P. MANUFACTURING PLANTS	12/29/99

XI. Comments

CHANGE OF OWNERSHIP. FACILITY HANDLES ONLY PCB MIXTURES, FILTER CAKE FROM GROUND-WATER TREATMENT < 50 PPM.

Note: Mail completed form to the appropriate EPA Regional or State Office. *(See Section III of the booklet for addresses.)*

Cognis Corporation
5051 Estecreek Drive
Cincinnati, OH 45232-1446

CERTIFIED MAIL # Z 292-845-783 RETURN RECEIPT REQUESTED

United States Environmental Protection Agency, Region 2
Air and Waste Management Division
Attn: RCRA Notifications
290 Broadway, 21st Floor
New York, NY 10007-1866

RE: Cognis Corporation
Berry Avenue at Route 17 North
Carlstadt, NJ 07072
Ownership Transfer Notification
EPA Generator No. NJD002012219

Dear Sir:

You recently received a letter from Henkel Corporation advising you of the transfer of ownership of the facility located on Berry Avenue at Route 17 North, Carlstadt, NJ 07072 from Henkel Corporation ("Henkel") to Cognis Corporation ("Cognis"), as of January 1, 2000. The facility currently is registered as a Hazardous Waste Generator. The EPA Generator Identification Number is NJD002012219..

We hereby request that the EPA identification number issued to Henkel Corporation be transferred to Cognis Corporation effective January 1, 2000 or as soon thereafter as possible. Enclosed is a completed EPA form 8700-12, *Notification of Regulated Waste Activity* This letter is to advise you of the transfer of ownership of the facility located at 4900 Este Ave., Cincinnati, OH 44128 from Henkel Corporation ("Henkel") to Cognis Corporation ("Cognis"), as of January 1, 2000. The facility operates under EPA Identification Number OHD093903235. Notwithstanding this transfer, all existing operations at the Cincinnati facility are expected to remain the same.

I would appreciate it if you would notify me of the effective date of the transfer of the above-referenced EPA identification number.

All questions regarding technical issues may be directed to:

Edward Vanyo
Senior Environmental Engineer
Cognis Corporation
300 Brookside Avenue
Ambler, PA 19002
(215) 628-1417

Thank you for your prompt attention to this matter. If you have any further questions or concerns, please feel free to contact me at (513) 482-3000.

Sincerely,

Richard Novak

Rich Novak
Vice President Manufacturing Plants

cc: B. Betz
D. Kidd
J. Richter
E. Vanyo

Enclosure: EPA form 8700-12, *Notification of Regulated Waste Activity*

Change (owner)

U.S. EPA AGENCY RO II 00 JAN 12 PM 12:40 PROGRAMS BRANCH

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 10/31/99 OSA No. 0246 EPA OT

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the *Resource Conservation and Recovery Act*).

Notification of Regulated Waste Activity

EPA United States Environmental Protection Agency

✓

Date Received (For Official Use Only)

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

[ ] A. Initial Notification [X] B. Subsequent Notification *(Complete item C)*

C. Installation's EPA ID Number: NJD002012219

II. Name of Installation *(Include company and specific site name)*

HENKEL CORPORATION CARLSTADT

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street: BERRY AVENUE @ 16TH ROUTE 17 NORTH

Street *(Continued)*:

City or Town: CARLSTADT State: NJ Zip Code: 07072-

County Code: County Name: BERGEN

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box: 300 BROOKSIDE AVENUE

City or Town: AMBLER State: PA Zip Code: 19002-3498

V. Installation Contact *(Person to be contacted regarding waste activities at site)*

Name *(Last)*: VANYO *(First)*: EDWARD

Job Title: SENIOR ENV ENG Phone Number *(Area Code and Number)*: 215-628-1412

VI. Installation Contact Address *(See instructions)*

A. Contact Address Location [ ] Mailing [X]

B. Street or P.O. Box:

City or Town: State: Zip Code: -

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: COGNIS CORPORATION

Street, P.O. Box, or Route Number: 5051 EST ECREEK DRIVE

City or Town: CINCINNATI State: OH Zip Code: 45232-1446

Phone Number *(Area Code and Number)*	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month	Day	Year
513-482-3000	P	P	Yes X / No	01	01	00

Mailing Address Verified US Post office - (S)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 10/31/99
USA No. 0246-EPA OT

ID - For Official Use Only

VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions)*

A. Hazardous Waste Activity

1. Generator (See instructions)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220-2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other - specify
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

   Indicate Type of Combustion Device(s)
   - [ ] 1. Utility Boiler
   - [ ] 2. Industrial Boiler
   - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
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Richard F. Novak	RICHARD F. NOVAK V.P. MANUFACTURING PLANTS	12/29/99

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Richard Novak
Vice President Manufacturing Plants

cc: B. Betz
D. Kidd
J. Richter
E. Vanyo

Enclosure: EPA form 8700-12, *Notification of Regulated Waste Activity*